

Exhibit G

Inmate File

LEE COUNTY SHERIFF'S OFFICE
INMATE RELEASE SHEET

08/01/2005 20:05:56

PAGE 1

BOOKING NO: 050003463

INMATE NAME: FOREMAN EDDIE LEWIS JR

ALIAS:

ALIAS:

ADDRESS: [REDACTED]

CITY/ST/ZIP: [REDACTED]

HOME PHONE: [REDACTED]

DOB: [REDACTED] AGE: 31

PLCE BIRTH: LEE CO

STATE: AL

M. STATUS: MARRIED

RELIGION: CHRISTIAN

GANG ASSOC: NONE

SCARS/TATTOOS: NUMEROUS TATTOOS

KNOWN ENEMIES: NONE CLAIMED

REMARKS:

RACE: B SEX: M

HT: 6'00" HAIR: BLK

WT: 166 EYES: BRO

COMPLEX: DRK

SSN: [REDACTED]

DL ST: AL DLN: [REDACTED]

SID:

LOCID: 10899

NEXT OF KIN

NEXT OF KIN: JOAN FOREMAN

RELATIONSHIP: MOTHER

ADDRESS: [REDACTED]

PHONE: [REDACTED]

CITY/ST/ZIP: OPELIKA, AL

REMARKS:

EMPLOYER INFO

EMPLOYED: Y

EMPLOYER NAME: BARNETT CONSTRUCTION

ADDRESS: N

CITY/ST/ZIP: NOTASULGA, AL

PHONE: 000-000-0000

MEDICAL

HANDICAPPED: N NEEDS: N

GLASSES: N SMOKE: Y

MEDICAL NEEDS: N NEEDS: N

PHYSICIAN: N

PHONE: 000-000-0000

REMARKS:

REMARKS:

REMARKS:

PROPERTY

CASH: \$463.00

DESCRIPTION:

ADD. PROPERTY: STREET CLOTHIG, SET KEYS, BELT, CELL PHONE

ADD. PROPERTY:

ADD. PROPERTY:

BIN NUMBER: 160

VEH IMPOUNDED:

IMPOUND LOT:

REMARKS:

REMARKS:

I HAVE READ THE ABOVE ACCOUNTING OF MY PERSONAL INFORMATION, MEDICAL INFORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: Eddie Foreman DATE: 8/1/05 TIME: 20:20BOOK OFFICER: Aaron DATE: 8/1/05 TIME: 20:20

LEE COUNTY SHERIFF'S OFFICE
INMATE RELEASE SHEET

PAGE 2

08/01/2005 20:05:56

BOOKING NO: 050003463

INMATE NAME: FOREMAN EDDIE LEWIS JR

COURT: DISTRICT

ATTORNEY ON REC:

JUDGE:

PHONE: 000-000-0000

REMARKS:

REMARKS:

BOOK DATE: 08/01/2005 BOOK TIME: 08:13 BOOK TYPE: NORMAL

ARREST DATE: 08/01/2005

BOOKING OFFICER: AUSBY

ARREST DEPT: LCSO

CELL ASSIGNMENT:

ARRST OFFICER: MITCHELL

MEAL CODE: 01 LEE COUNTY

PROJ. RLSDATE: 00/00/0000

FACILITY: 01 COUNTY JAIL

SEARCH OFFCR: FRAZIER

CLASSIFICATION:

TYPE SEARCH: PAT

WORK RELEASE: N

INTOX RESULTS:

HOLDS: N

AGENCY: REASON:
AGENCY: REASON:
AGENCY: REASON:
AGENCY: REASON:

NOTES:

NOTES:

NOTES:

RELEASE DATE: 08/01/2005 RELEASE TIME: 20:04 # DAYS SERVED: 1

RELEASE OFFICER: AARON

RELEASE TYPE: BOND

REMARKS: ~~A BONDING~~ WANDA Alabama Bonding *43032*

REMARKS: NCIC CLEAR/SHERIITA

REMARKS: COURT DATE 9/7/2005 AT 0900 AM

I HAVE READ THE ABOVE ACCOUNTING OF MY PERSONAL INFORMATION, MEDICAL INFORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: Ed Eddie L. Foreman, DATE: 8/1/05 TIME: 20:20BOOK OFFICER: Aaron, DATE: 8/1/05 TIME: 20:20

LEE COUNTY SHERIFF'S OFFICE
INMATE CHARGE SHEET

PAGE 3

08/01/2005 20:05:56

BOOKING NO: 050003463 INMATE NAME: FOREMAN EDDIE LEWIS JR

CHARGE NO: 1 DISPOSITION: RELEASED HOLD: N

ALA STATUTE: # OF COUNTS: 1

OFFENSE: DOMESTIC VIOLENCE (ASSAU III) WARRANT #:

CASE #:

BOND AMT: 1,000

FINE: \$0.00

BAIL AMT: 1,000

INIT APPEAR: 00/00/0000

SENTENCE DATE: 00/00/0000

RELEASE DTE: 08/01/2005

ARREST DATE: 08/01/2005

ARST AGENCY: LCSO

ARST OFFICR: MITCHELL

COUNTY: LEE

COURT: DISTRICT

JUDGE:

DEF ATTORNY:

DIST ATTORNEY:

COMMENTS:

COMMENTS:

COMMENTS: INMATE RELEASED BY D36

LEE COUNTY SHERIFF'S OFFICE

INMATE BOOKING SHEET

PAGE 1

08/01/2005 08:17:45

BOOKING NO: 050003463

INMATE NAME: FOREMAN EDDIE LEWIS JR

ALIAS:

ALIAS:

RACE: B SEX: M

HT: 6'00" HAIR: BLK

WT: 166 EYES: BRO

COMPLEX: DRK

SSN: [REDACTED]

DL ST: AL DLN: [REDACTED]

SID:

LOCID: 10899

CITY/ST/ZIP: [REDACTED]

HOME PHONE: [REDACTED]

DOB: [REDACTED] AGE: 31

PLCE BIRTH: LEE CO

STATE: AL

M. STATUS: MARRIED

RELIGION: CHRISTIAN

GANG ASSOC: NONE

SCARS/TATTOOS: NUMEROUS TATTOOS

KNOWN ENEMIES: NONE CLAIMED

REMARKS:

NEXT OF KIN

NEXT OF KIN: JOAN FOREMAN

RELATIONSHIP: MOTHER

ADDRESS: [REDACTED]

PHONE: [REDACTED]

CITY/ST/ZIP: OPELIKA, AL

REMARKS:

EMPLOYER INFO

EMPLOYED: Y

EMPLOYER NAME: BARNETT CONSTRUCTION

ADDRESS: N

CITY/ST/ZIP: NOTASULGA, AL

PHONE: 000-000-0000

MEDICAL

HANDICAPPED: N NEEDS: N

GLASSES: N SMOKE: Y

MEDICAL NEEDS: N NEEDS: N

PHYSICIAN: N

PHONE: 000-000-0000

REMARKS:

REMARKS:

REMARKS:

PROPERTY

CASH: \$463.00

DESCRIPTION:

ADD. PROPERTY: STREET CLOTHIG, SET KEYS, BELT, CELL PHONE

ADD. PROPERTY:

ADD. PROPERTY:

BIN NUMBER: 160

VEH IMPOUNDED:

IMPOUND LOT:

REMARKS:

REMARKS:

Sheri Cleor

I HAVE READ THE ABOVE ACCOUNTING OF MY PERSONAL INFORMATION, MEDICAL INFORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: *D. Eddie Foreman Jr.*DATE: 8-1-05 TIME: 800DATE: 8-1-05 TIME: 800BOOK OFFICER: *Ausby*

LEE COUNTY SHERIFF'S OFFICE
INMATE BOOKING SHEET

08/01/2005 08:17:45

PAGE 2

BOOKING NO: 050003463 INMATE NAME: FOREMAN EDDIE LEWIS JR

COURT: DISTRICT

ATTORNEY ON REC:

JUDGE:

PHONE: 000-000-0000

REMARKS:

REMARKS:

BOOK DATE: 08/01/2005 BOOK TIME: 08:13 BOOK TYPE: NORMAL

ARREST DATE: 08/01/2005

BOOKING OFFICER: AUSBY

ARREST DEPT: LCSO

CELL ASSIGNMENT: HC3

ARRST OFFICER: MITCHELL

MEAL CODE: 01 LEE COUNTY

PROJ. RLSDATE: 00/00/0000

FACILITY: 01 COUNTY JAIL

SEARCH OFFCR: FRAZIER

CLASSIFICATION:

TYPE SEARCH: PAT

WORK RELEASE: N

INTOX RESULTS:

HOLDS: N

AGENCY:

REASON:

AGENCY:

REASON:

AGENCY:

REASON:

AGENCY:

REASON:

NOTES:

NOTES:

NOTES:

LEE COUNTY SHERIFF'S OFFICE
INMATE CHARGE SHEET

08/01/2005 08:17:45

PAGE 3

BOOKING NO: 050003463 INMATE NAME: FOREMAN EDDIE LEWIS JR

CHARGE NO: 1 DISPOSITION: OPEN HOLD: N

ALA STATUTE: # OF COUNTS: 1

OFFENSE: DOMESTIC VIOLENCE (ASSAU III) WARRANT #: :

CASE #: :

BOND AMT: 1,000 FINE: \$0.00

BAIL AMT: 1,000

INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000

RELEASE DTE: 00/00/0000

ARREST DATE: 08/01/2005

ARST AGENCY: LCSO

ARST OFFICR: MITCHELL

COUNTY: LEE

COURT: DISTRICT

JUDGE: :

DEF ATTORNY: DIST ATTORNEY:

COMMENTS: :

COMMENTS: :

COMMENTS: :

Made Bond Court 9-7-05

LEE COUNTY SHERIFF'S OFFICE
MEDICAL SCREENING FORM

08/01/2005 08:17:45

PAGE 1

Booking No: 050003463 Date: 08/01/2005 Time: 08:13 Type: NORMAL
Agency to Bill: LEE COUNTY Facility: COUNTY JAILInmate Name: FOREMAN EDDIE LEWIS JR
DOB: [REDACTED] Age: 31 SSN: [REDACTED]Race: B Sex: M
Height: 6'00" Weight: 166

1. Is inmate unconscious?

2. Does inmate have any visible signs of trauma, illness, obvious pain and bleeding, requiring immediate emergency or doctor's care?

3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection that might spread through the facility?

4. Any signs of poor skin condition, vermin, rashes or needle marks?

5. Does inmate appear to be under the influence of drugs or alcohol?

6. Any visible signs of alcohol or drug withdrawal?

7. Does inmate's behavior suggest the risk of suicide or assault?

8. Is inmate carrying any medication?

9. Does the inmate have any physical deformities?

10. Does inmate appear to have psychiatric problems?

11. Do you have or have you ever had or has anyone in your family ever had any of the following?

<input checked="" type="checkbox"/> a. Allergies	<input checked="" type="checkbox"/> f. Fainting Spells	<input checked="" type="checkbox"/> k. Seizures
<input checked="" type="checkbox"/> b. Arthritis	<input checked="" type="checkbox"/> g. Hearing Condition	<input checked="" type="checkbox"/> l. Tuberculosis
<input checked="" type="checkbox"/> c. Asthma	<input checked="" type="checkbox"/> h. Hepatitis	<input checked="" type="checkbox"/> m. Ulcers
<input checked="" type="checkbox"/> d. Diabetes	<input checked="" type="checkbox"/> i. High Blood Pressure	<input checked="" type="checkbox"/> n. Venereal Disease
<input checked="" type="checkbox"/> e. Epilepsy	<input checked="" type="checkbox"/> j. Psychiatric Disorder	<input checked="" type="checkbox"/> o. Other (Specify)

Other: _____

12. For females only:

a. Are you pregnant?

b. Do you take birth control pills?

c. Have you recently delivered?

LEE COUNTY SHERIFF'S OFFICE
MEDICAL SCREENING FORM

08/01/2005 08:17:45

PAGE 2

Booking No: 050003463 Date: 08/01/2005 Time: 08:13 Type: NORMAL
Agency to Bill: LEE COUNTY Facility: COUNTY JAIL

Inmate Name: FOREMAN EDDIE LEWIS JR

Race: B Sex: M
DOB: [REDACTED] Age: 31 SSN: 410-0 [REDACTED] Height: 6'00" Weight: 166

13. Have you recently been hospitalized or treated by a doctor?

14. Do you currently take any non-prescription medication or medication prescribed by a doctor?

15. Are you allergic to any medication? *antibiotics*

16. Do you have any handicaps or conditions that limit activity?

17. Have you ever attempted suicide or are you thinking about it now?

18. Do you regularly use alcohol or street drugs?

19. Do you have any problems when you stop drinking or using drugs?

20. Do you have a special diet prescribed by a physician?

21. Do you have any problems or pain with your teeth?

22. Do you have any other medical problems we should know about?

I HAVE READ THE ABOVE ACCOUNTING OF MY MEDICAL ASSESSMENT AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: *① Eddie Foreman, Jr 8-1-05* DATE: 8-1-05 TIME: 800

BOOK OFFICER: *Anshy* DATE: 8-1-05 TIME: 800

LEE COUNTY SHERIFF'S OFFICE
MEDICAL SCREENING FORM

PAGE 1

05/30/2004 17:19:49

Booking No: 040002557 Date: 05/30/2004 Time: 17:03 Type: NORMAL
Agency to Bill: LEE COUNTY Facility: COUNTY JAILInmate Name: FOREMAN EDDIE LEWIS
DOB: 0/0/1973 Age: 30 SSN: [REDACTED]Race: B Sex: M
Height: 6'00" Weight: 166

1. Is inmate unconscious?

2. Does inmate have any visible signs of trauma, illness, obvious pain and bleeding, requiring immediate emergency or doctor's care?

3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection that might spread through the facility?

4. Any signs of poor skin condition, vermin, rashes or needle marks?

5. Does inmate appear to be under the influence of drugs or alcohol?

6. Any visible signs of alcohol or drug withdrawal?

7. Does inmate's behavior suggest the risk of suicide or assault?

8. Is inmate carrying any medication?

9. Does the inmate have any physical deformities?

10. Does inmate appear to have psychiatric problems?

11. Do you have or have you ever had or has anyone in your family ever had any of the following?

a. Allergies
b. Arthritis
c. Asthma
d. Diabetes
e. Epilepsy

f. Fainting Spells
g. Hearing Condition
h. Hepatitis
i. High Blood Pressure
j. Psychiatric Disorder

k. Seizures
l. Tuberculosis
m. Ulcers
n. Venereal Disease
o. Other (Specify)

Other: _____

12. For females only:

a. Are you pregnant?
b. Do you take birth control pills?
c. Have you recently delivered?

LEE COUNTY SHERIFF'S OFFICE
MEDICAL SCREENING FORM

PAGE 2

05/30/2004 17:19:49

Booking No: 040002557 Date: 05/30/2004 Time: 17:03 Type: NORMAL
Agency to Bill: LEE COUNTY Facility: COUNTY JAILInmate Name: FOREMAN EDDIE LEWIS Race: B Sex: M
DOB: [REDACTED] Age: 30 SSN: [REDACTED] Height: 6'00" Weight: 166

13. Have you recently been hospitalized or treated by a doctor?

14. Do you currently take any non-prescription medication or medication prescribed by a doctor?

15. Are you allergic to any medication?

16. Do you have any handicaps or conditions that limit activity?

17. Have you ever attempted suicide or are you thinking about it now?

18. Do you regularly use alcohol or street drugs?

19. Do you have any problems when you stop drinking or using drugs?

20. Do you have a special diet prescribed by a physician?

21. Do you have any problems or pain with your teeth?

22. Do you have any other medical problems we should know about?

I HAVE READ THE ABOVE ACCOUNTING OF MY MEDICAL ASSESSMENT AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: EDDIE LEWIS DATE: 5-30-04 TIME: _____
BOOK OFFICER: Ausly DATE: _____ TIME: _____

LEE COUNTY SHERIFF'S OFFICE

INMATE RELEASE SHEET

PAGE 1

01/29/2002 15:42:05

BOOKING NO: 020000446

INMATE NAME: FOREMAN EDDIE LEWIS

ALIAS:

ALIAS:

ADDRESS: [REDACTED]

CITY/ST/ZIP: [REDACTED]

HOME PHONE: 334-444-8885

DOB: 01/01/1973 AGE: 28

PLCE BIRTH: LEE CO

STATE: AL

M. STATUS: SINGLE

RELIGION:

GANG ASSOC:

SCARS/TATTOOS: NUMEROUS TATTOOS

KNOWN ENEMIES:

REMARKS:

RACE: B SEX: M

HT: 6'00" HAIR: BLK

WT: 166 EYES: BRO

COMPLEX:

SSN: [REDACTED]

DL ST: DLN:

SID:

LOCID: 10899

NEXT OF KIN

NEXT OF KIN: JOAN FOREMAN

RELATIONSHIP: MOTHER

ADDRESS:

PHONE: 000-000-0000

CITY/ST/ZIP: ,

REMARKS:

EMPLOYER INFO

EMPLOYED: N

EMPLOYER NAME:

ADDRESS:

CITY/ST/ZIP:

State of Alabama
Unified Judicial System
Form C-42 Rev 6/88

ORDER OF RELEASE
FROM JAIL

Case Number
CC 96-493-619 CC-96-581
CC 92-1002-1003

IN THE Circuit COURT OF Lee COUNTY
STATE OF ALABAMA v. Eddie Lewis Foreman

TO THE JAILER WITH CUSTODY OF THE DEFENDANT

You are ordered to release from your custody the above named defendant, charged with the offense of
ETP- Unlawful Distribution of Controlled Substance, Disorderly Conduct, Resisting Arrest,

Reason for Release unlawful poss. of cocaine, Resisting Arrest

To Day \$100 per month Review Date 1/16/2002 @ noon 11

Date January 29 2002 By: Plattner

COURT RECORD (Original) JAILER (Copy) Judge/Clerk

INFORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: Eddie Foreman DATE: _____ TIME: _____

BOOK OFFICER: Mr. Lin DATE: 1/29/02 TIME: 1542

LEE COUNTY SHERIFF'S OFFICE
INMATE RELEASE SHEET

PAGE 2

01/29/2002 15:42:05

BOOKING NO: 020000446 INMATE NAME: FOREMAN EDDIE LEWIS

COURT:

ATTORNEY ON REC:

JUDGE:

PHONE: 000-000-0000

REMARKS:

REMARKS:

BOOK DATE: 01/29/2002 BOOK TIME: 12:14 BOOK TYPE: NORMAL

ARREST DATE: 01/29/2002

ARREST DEPT: LCSO

ARRST OFFICER: ONEAL

PROJ. RLSDATE: 00/00/0000

SEARCH OFFCR: COBBS

TYPE SEARCH:

INTOX RESULTS:

BOOKING OFFICER: MILNER

CELL ASSIGNMENT:

MEAL CODE: 01 LEE COUNTY

FACILITY: 01 COUNTY JAIL

CLASSIFICATION:

WORK RELEASE: N

HOLDS: N

AGENCY: REASON:

AGENCY: REASON:

AGENCY: REASON:

AGENCY: REASON:

NOTES:

NOTES:

NOTES:

RELEASE DATE: 01/29/2002 RELEASE TIME: 15:40 # DAYS SERVED: 1

RELEASE OFFICER: MILNER

REMARKS: RLSE PER MAJOR TORBERT

REMARKS: ORDER OF RELEASE ON ALL CHARGES/REVIEW OCT.16, 2002

REMARKS: AND SEPT 26, 2002

I HAVE READ THE ABOVE ACCOUNTING OF MY PERSONAL INFORMATION, MEDICAL INFORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: _____ DATE: _____ TIME: _____

BOOK OFFICER: _____ DATE: _____ TIME: _____

LEE COUNTY SHERIFF'S OFFICE
INMATE CHARGE SHEET

PAGE 3

01/29/2002 15:42:05

BOOKING NO: 020000446 INMATE NAME: FOREMAN EDDIE LEWIS

CHARGE NO: 1 DISPOSITION: RELEASED HOLD: N

ALA STATUTE: # OF COUNTS: 1

OFFENSE: FTP/POSS CTRL SUBS WARRANT #:

CASE #: CC92-1002

BOND AMT: 0

BAIL AMT:

INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000

RELEASE DTE: 00/00/0000

ARREST DATE: 01/29/2002

ARST OFFICR: ONEAL

COURT:

DEF ATTORNY: DIST ATTORNEY:

COMMENTS:

COMMENTS: ORDER OF RELEASE

COMMENTS:

CHARGE NO: 2 DISPOSITION: RELEASED HOLD: N

ALA STATUTE: # OF COUNTS: 1

OFFENSE: FTP/APPEAL WARRANT #:

CASE #: CC96-584

BOND AMT: 0

BAIL AMT:

INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000

RELEASE DTE: 00/00/0000

ARREST DATE: 01/29/2002

ARST OFFICR: ONEAL

COURT:

DEF ATTORNY: DIST ATTORNEY:

COMMENTS:

COMMENTS:

COMMENTS: ORDER OF RELEASE

CHARGE NO: 3 DISPOSITION: RELEASED HOLD: N

ALA STATUTE: # OF COUNTS: 1

OFFENSE: FTP/APPEAL WARRANT #:

CASE #: CC96-619

BOND AMT: 0

BAIL AMT:

INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000

RELEASE DTE: 00/00/0000

ARREST DATE: 01/29/2002

ARST OFFICR: ONEAL

COURT:

DEF ATTORNY: DIST ATTORNEY:

COMMENTS:

COMMENTS: ORDER OF RELEASE

COMMENTS:

LEE COUNTY SHERIFF'S OFFICE

INMATE CHARGE SHEET

PAGE 4

01/29/2002 15:42:05

BOOKING NO: 020000446 INMATE NAME: FOREMAN EDDIE LEWIS

CHARGE NO: 4 DISPOSITION: RELEASED HOLD: N

ALA STATUTE:

OF COUNTS: 1

OFFENSE: FTP/APPEAL

WARRANT #:

CASE #: CC94-1234

BOND AMT: 0

FINE: \$0.00

BAIL AMT:

INIT APPEAR: 00/00/0000

SENTENCE DATE: 00/00/0000

RELEASE DTE: 00/00/0000

ARREST DATE: 01/29/2002

ARST AGENCY: LCSO

ARST OFFICR: ONEAL

COUNTY: LEE

COURT:

JUDGE:

DEF ATTORNY:

DIST ATTORNEY:

COMMENTS:

COMMENTS: ORDER OF RELEASE

COMMENTS:

CHARGE NO: 5 DISPOSITION: RELEASED HOLD: N

ALA STATUTE:

OF COUNTS: 1

OFFENSE: FTP/RESISTING

WARRANT #:

CASE #: CC92-1003

BOND AMT: 0

FINE: \$0.00

BAIL AMT:

INIT APPEAR: 00/00/0000

SENTENCE DATE: 00/00/0000

RELEASE DTE: 00/00/0000

ARREST DATE: 01/29/2002

ARST AGENCY: LCSO

ARST OFFICR: ONEAL

COUNTY: LEE

COURT:

JUDGE:

DEF ATTORNY:

DIST ATTORNEY:

COMMENTS:

COMMENTS: ORDER OF RELEASE

COMMENTS:

CHARGE NO: 6 DISPOSITION: DROPPED HOLD: N

ALA STATUTE:

OF COUNTS: 0

OFFENSE:

WARRANT #:

CASE #:

BOND AMT:

FINE: \$0.00

BAIL AMT:

INIT APPEAR: 00/00/0000

SENTENCE DATE: 00/00/0000

RELEASE DTE: 00/00/0000

ARST AGENCY:

ARREST DATE: 00/00/0000

COUNTY:

ARST OFFICR:

JUDGE:

COURT:

DIST ATTORNEY:

DEF ATTORNY:

COMMENTS:

COMMENTS:

COMMENTS:

DE COUNTY SHERIFF'S OFFICE
INMATE BOOKING SHEET

PAGE 1

01/29/2002 12:29:38

BOOKING NO: 020000446

INMATE NAME: FOREMAN EDDIE LEWIS

ALIAS:

ALIAS:

ADDRESS: [REDACTED]

CITY/ST/ZIP: [REDACTED]

HOME PHONE: [REDACTED] AGE: 28
DOB: [REDACTED]

PLCE BIRTH: LEE CO

STATE: AL

M. STATUS: SINGLE

RELIGION:

GANG ASSOC:

SCARS/TATTOOS: NUMEROUS TATTOOS

KNOWN ENEMIES:

REMARKS:

RACE: B SEX: M

HT: 6'00" HAIR: BLK

WT: 166 EYES: BRO

COMPLEX:

SSN: [REDACTED]

DL ST: DLN:

SID:

LOCID: 10899

NEXT OF KIN

NEXT OF KIN: JOAN FOREMAN

RELATIONSHIP: MOTHER

PHONE: 000-000-0000

ADDRESS:

CITY/ST/ZIP: ,

REMARKS:

EMPLOYER INFO

EMPLOYED: N

EMPLOYER NAME:

ADDRESS:

CITY/ST/ZIP: ,

PHONE: 000-000-0000

MEDICAL

HANDICAPPED: NEEDS:

GLASSES: SMOKE:

MEDICAL NEEDS: NEEDS:

PHYSICIAN:

PHONE: 000-000-0000

REMARKS:

REMARKS:

REMARKS:

PROPERTY

CASH: \$22.25

DESCRIPTION: \$22.00 CURRENCY .25CENTS

ADD. PROPERTY: BLUE HEAD RAG, LIGHTER, TCKT, BELT, CELL PHONE

ADD. PROPERTY:

ADD. PROPERTY:

BIN NUMBER:

VEH IMPOUNDED:

IMPOUND LOT:

REMARKS:

REMARKS:

I HAVE READ THE ABOVE ACCOUNTING OF MY PERSONAL INFORMATION, MEDICAL INFORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: Eddie ForemanDATE: 1-29-02 TIME: _____BOOK OFFICER: M. OmerDATE: 1/29/02 TIME: 1240

LEE COUNTY SHERIFF'S OFFICE
INMATE BOOKING SHEET

PAGE 2

01/29/2002 12:29:38

BOOKING NO: 020000446 INMATE NAME: FOREMAN EDDIE LEWIS

COURT:

ATTORNEY ON REC:

JUDGE:

PHONE: 000-000-0000

REMARKS:

REMARKS:

BOOK DATE: 01/29/2002 BOOK TIME: 12:14 BOOK TYPE: NORMAL

ARREST DATE: 01/29/2002

BOOKING OFFICER: MILNER

ARREST DEPT: LCSO

CELL ASSIGNMENT: HC3

ARRST OFFICER: ONEAL

MEAL CODE: 01 LEE COUNTY

PROJ. RLSDATE: 00/00/0000

FACILITY: 01 COUNTY JAIL

SEARCH OFFCR: COBBS

CLASSIFICATION:

TYPE SEARCH:

WORK RELEASE: N

INTOX RESULTS:

HOLDS: N

AGENCY: REASON:

AGENCY: REASON:

AGENCY: REASON:

AGENCY: REASON:

NOTES:

NOTES:

NOTES:

LEE COUNTY SHERIFF'S OFFICE
INMATE CHARGE SHEET

PAGE 3

01/29/2002 12:29:38

BOOKING NO: 020000446 INMATE NAME: FOREMAN EDDIE LEWIS

CHARGE NO: 1 DISPOSITION: OPEN HOLD: N

ALA STATUTE: # OF COUNTS: 1
OFFENSE: FTP/POSS CTRL SUBS WARRANT #:
CASE #: CC92-1002
BOND AMT: 0 FINE: \$0.00
BAIL AMT:
INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000
RELEASE DTE: 00/00/0000
ARREST DATE: 01/29/2002 ARST AGENCY: LCSO
ARST OFFICR: ONEAL COUNTY: LEE
COURT: JUDGE:
DEF ATTORNY: DIST ATTORNEY:
COMMENTS:
COMMENTS:
COMMENTS:

CHARGE NO: 2 DISPOSITION: OPEN HOLD: N

ALA STATUTE: # OF COUNTS: 1
OFFENSE: FTP/APPEAL WARRANT #:
CASE #: CC96-584
BOND AMT: 0 FINE: \$0.00
BAIL AMT:
INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000
RELEASE DTE: 00/00/0000
ARREST DATE: 01/29/2002 ARST AGENCY: LCSO
ARST OFFICR: ONEAL COUNTY: LEE
COURT: JUDGE:
DEF ATTORNY: DIST ATTORNEY:
COMMENTS:
COMMENTS:
COMMENTS:

CHARGE NO: 3 DISPOSITION: OPEN HOLD: N

ALA STATUTE: # OF COUNTS: 1
OFFENSE: FTP/APPEAL WARRANT #:
CASE #: CC96-619
BOND AMT: 0 FINE: \$0.00
BAIL AMT:
INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000
RELEASE DTE: 00/00/0000
ARREST DATE: 01/29/2002 ARST AGENCY: LCSO
ARST OFFICR: ONEAL COUNTY: LEE
COURT: JUDGE:
DEF ATTORNY: DIST ATTORNEY:
COMMENTS:
COMMENTS:
COMMENTS:

LEE COUNTY SHERIFF'S OFFICE
INMATE CHARGE SHEET

PAGE 4

01/29/2002 12:29:38

BOOKING NO: 020000446 INMATE NAME: FOREMAN EDDIE LEWIS

CHARGE NO: 4 DISPOSITION: OPEN

HOLD: N

ALA STATUTE:

OFFENSE: FTP/APPEAL

CASE #: CC94-1234

BOND AMT: 0

BAIL AMT:

INIT APPEAR: 00/00/0000

OF COUNTS: 1

WARRANT #:

FINE: \$0.00

RELEASE DTE: 00/00/0000

SENTENCE DATE: 00/00/0000

ARREST DATE: 01/29/2002

ARST AGENCY: LCSO

ARST OFFICR: ONEAL

COUNTY: LEE

JUDGE:

COURT:

DIST ATTORNEY:

DEF ATTORNY:

COMMENTS:

COMMENTS:

COMMENTS:

CHARGE NO: 5 DISPOSITION: OPEN

HOLD: N

ALA STATUTE:

OFFENSE: FTP/RESISTING

CASE #: CC92-1003

BOND AMT: 0

BAIL AMT:

INIT APPEAR: 00/00/0000

OF COUNTS: 1

WARRANT #:

FINE: \$0.00

RELEASE DTE: 00/00/0000

SENTENCE DATE: 00/00/0000

ARREST DATE: 01/29/2002

ARST AGENCY: LCSO

ARST OFFICR: ONEAL

COUNTY: LEE

JUDGE:

COURT:

DIST ATTORNEY:

DEF ATTORNY:

COMMENTS:

COMMENTS:

COMMENTS:

CHARGE NO: 6 DISPOSITION: DROPPED

HOLD: N

ALA STATUTE:

OFFENSE:

CASE #:

BOND AMT:

BAIL AMT:

INIT APPEAR: 00/00/0000

OF COUNTS: 0

WARRANT #:

FINE: \$0.00

RELEASE DTE: 00/00/0000

SENTENCE DATE: 00/00/0000

ARREST DATE: 00/00/0000

ARST AGENCY:

ARST OFFICR:

COUNTY:

JUDGE:

COURT:

DIST ATTORNEY:

DEF ATTORNY:

COMMENTS:

COMMENTS:

COMMENTS:

LEE COUNTY SHERIFF'S OFFICE

MEDICAL SCREENING FORM

PAGE 1

01/29/2002 12:29:39

=====

Booking No: 020000446 Date: 01/29/2002 Time: 12:14 Type: NORMAL
Agency to Bill: LEE COUNTY Facility: COUNTY JAILInmate Name: FOREMAN EDDIE LEWIS
DOB: [REDACTED] Age: 28 SSN: [REDACTED]Race: B Sex: M
Height: 6'00" Weight: 166

1. Is inmate unconscious?

2. Does inmate have any visible signs of trauma, illness, obvious pain and bleeding, requiring immediate emergency or doctor's care?

3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection that might spread through the facility?

4. Any signs of poor skin condition, vermin, rashes or needle marks?

5. Does inmate appear to be under the influence of drugs or alcohol?

6. Any visible signs of alcohol or drug withdrawal?

7. Does inmate's behavior suggest the risk of suicide or assault?

8. Is inmate carrying any medication?

9. Does the inmate have any physical deformities?

10. Does inmate appear to have psychiatric problems?

11. Do you have or have you ever had or has anyone in your family ever had any of the following?

a. Allergies	<input checked="" type="checkbox"/>	f. Fainting Spells	<input checked="" type="checkbox"/>	k. Seizures
b. Arthritis	<input type="checkbox"/>	g. Hearing Condition	<input type="checkbox"/>	l. Tuberculosis
c. Asthma	<input type="checkbox"/>	h. Hepatitis	<input type="checkbox"/>	m. Ulcers
d. Diabetes	<input type="checkbox"/>	i. High Blood Pressure	<input type="checkbox"/>	n. Venereal Disease
e. Epilepsy	<input type="checkbox"/>	j. Psychiatric Disorder	<input type="checkbox"/>	o. Other (Specify)

Other: _____

12. For females only:

a. Are you pregnant?
b. Do you take birth control pills?
c. Have you recently delivered?

LEE COUNTY SHERIFF'S OFFICE
 01/29/2002 12:29:39 MEDICAL SCREENING FORM PAGE 2
 ======
 Booking No: 020000446 Date: 01/29/2002 Time: 12:14 Type: NORMAL
 Agency to Bill: LEE COUNTY Facility: COUNTY JAIL

Inmate Name: FOREMAN EDDIE LEWIS Race: B Sex: M
 DOB: [REDACTED] Age: 28 SSN: [REDACTED] Height: 6'00" Weight: 166

N 13. Have you recently been hospitalized or treated by a doctor?

Y 14. Do you currently take any non-prescription medication or medication prescribed by a doctor?

Y 15. Are you allergic to any medication?

Y 16. Do you have any handicaps or conditions that limit activity?

Y 17. Have you ever attempted suicide or are you thinking about it now?

Y 18. Do you regularly use alcohol or street drugs?

W 19. Do you have any problems when you stop drinking or using drugs?

Y 20. Do you have a special diet prescribed by a physician?

Y 21. Do you have any problems or pain with your teeth?

Y 22. Do you have any other medical problems we should know about?

use marijuana and drink alcohol

I HAVE READ THE ABOVE ACCOUNTING OF MY MEDICAL ASSESSMENT AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: Eddie Foreman DATE: 1-29-02 TIME: _____
 BOOK OFFICER: _____ DATE: _____ TIME: _____

DAILY BOOKING SHEET
LEE COUNTY JAIL
OPELIKA, ALABAMADate 3/24/97Time 1510Social
Security No. ██████████I.D. NO. 418-68-1226Photo N FP NName Foreman Eddie Lewis Race B Sex M Age 23 Eyes Bu Hair Blk
(Last) (First)Ht. 6'0" Wt. 160 DOB ██████████ NCIC Check ██████████Address ██████████ Street ██████████ Apt. ██████████ City ██████████ State ██████████ Zip ██████████Made PX / Yes No Reason S/M/T on both legs and armsNext of Kin Kenyetta Foreman (Finely) Relationship WifeAddress 501 Ave B Street 162 Lee Rd. 867 City Auburn State AL Zip 36830 Phone 621-████CHARGE FTA - Unlawful BOND ██████████ CHARGE ██████████ BOND ██████████
CHARGE Dist. of a cont. BOND ██████████ CHARGE ██████████ BOND ██████████
CHARGE Substance BOND ██████████ CHARGE ██████████ BOND ██████████HOLDS: AGENCY ██████████ CHARGE ██████████ BOND ██████████
AGENCY ██████████ CHARGE ██████████ BOND ██████████
AGENCY ██████████ CHARGE ██████████ BOND ██████████1. ARE YOU PRESENTLY IN NEED OF ANY IMMEDIATE MEDICAL ATTENTION YES / NO a. IF SO, STATE YOUR PROBLEM(S) back hurts2. ARE YOU PRESENTLY TAKING ANY MEDICATION YES / NO a. IF SO, WHAT KIND Motrin 800 or Ibuprofen 8003. ARE YOU PRESENTLY UNDER A DOCTOR'S CARE YES NO / DOCTOR'S NAME: ██████████a. WHAT TREATMENT ARE YOU RECEIVING ██████████4. ARE YOU ALLERGIC TO ANY KIND OF MEDICATION YES NO /a. IF SO, WHAT KIND ██████████5. DO YOU HAVE ANY FALSE LIMBS (TEETH, EYES, ETC.) YES NO / WHAT: ██████████6. ARE YOU PRESENTLY RECEIVING ANY PSYCHIATRIC TREATMENT YES NO /a. DOCTOR'S NAME ██████████ PHONE OR HOSPITAL: ██████████7. ARE YOU SUFFERING FROM ANY TYPE OF ILLNESS YES NO /a. WHAT ILLNESS ██████████

I AUTHORIZE THE LEE COUNTY SHERIFFS DEPT. TO INSPECT ANY INCOMING OR OUTGOING MAIL ADDRESSED TO OR FROM ME IN ACCORDANCE WITH DMM115.95 pgh. 97 U.S. POSTAL SERVICE.

YES / NO

Signature of Person Arrested

ARRESTING OFFICER(S) Deputy DeansBOOKING OFFICER Deputy Deans

I HAVE RECEIVED ALL PROPERTIES TAKEN FROM ME BY THE LEE COUNTY SHERIFFS DEPARTMENT.

DATE OF RELEASE 03-19-97

Signature of Person Released

TIME OF RELEASE 08:00

Signature of Release Officer

TYPE OF RELEASE PT 1014

Signature of Release Officer

LEE COUNTY SHERIFF'S DEPARTMENT
INMATE PERSONAL PROPERTY RECEIPT AND RELEASE FORM

Receipt

(Form #3)

Name of Inmate: Eddie Foreman			Inmate File #:		
Ammunition	Cigarettes	ID Cards	Necklace	Tie-Neck	CURRENCY \$ 40.00
Bag-Hand	Clothing	Jewelry	Package	Tie-Tack/Clip	CHANGE \$.85
Beer	Coat	Junk	Papers	Tobacco	CHECKS \$
Belt	Comb	Key(s)	Pen-Pencil	Toilet Articles	FOREIGN MONEY \$
Billfold	Drivers License	Knife	Purse - Coin	Tools	TOTAL \$ 40.85
Boots/Shoes	Ear Rings	Liquor	Purse - Lady	Watch	REMARKS:
Books	Flashlight	Lighter	Purse - Man	Weapon	
Boxes	Glasses	Luggage	Radio/TV	Whiskey	
Briefcase	Gloves	Medicine	Razor	Wine	
Camera	Groceries	Money Clip	Ring(s)		
Candy	Groc. in Ref.	Musical Inst.	Suitcase		
Checkbook	Hat - Cap	Nail Clip	Sweater		

Other items of property not classified above: (include storage location if other than below)

I certify that the above is a correct list of items removed from my possession at the time I was placed in jail.

PRISONER'S SIGNATURE X Eddie Foreman

I hereby acknowledge the receipt of the above arrested individual and his/her itemized property on this 24 day of March, 1997, at 1520 p.m.

SIGNATURE RECEIVING OFFICER Conny D. Welch

Received all of the above listed property (minus any property previously released as indicated on this receipt) on this 19 day of May, 1997, at 0543 a.m.

PRISONER'S SIGNATURE Eddie Foreman

Location of Property # 37

***ALL PROPERTY LEFT OVER 30 DAYS AFTER RELEASE WILL BE DISPOSED OF.**

Release

LEE COUNTY SHERIFF'S DEPARTMENT
RECEIPT OF PERSONAL PROPERTY BAGS

I, Eddie Forman, HAVE RECEIVED A PROPERTY BAG FROM
THE LEE COUNTY SHERIFF'S DEPARTMENT AND UNDERSTAND THAT I AM RESPONSIBLE
FOR THIS ITEM.

UPON MY RELEASE FROM THIS INSTITUTION, I WILL RETURN THE PROPERTY BAG.
I ALSO UNDERSTAND THAT I'M RESPONSIBLE FOR A \$5.00 REPLACEMENT FEE FOR
LOSS OR DAMAGES TO THE PROPERTY BAG. IF I FAIL TO PAY THE FEE, CRIMINAL
CHARGES WILL BE FILED AGAINST ME FOR DESTRUCTION OF LEE COUNTY PROPERTY.

Eddie Forman
INMATE SIGNATURE, DATE & TIME

Conrad Walker
OFFICER SIGNATURE, DATE & TIME

RETURN OF PERSONAL PROPERTY BAG
FOR OFFICIAL USE ONLY

PLEASE CHECK STATEMENT THAT APPLIES TO RELEASED INMATE:

- PROPERTY BAG WAS RETURNED UPON INMATE'S RELEASE
- PROPERTY BAG WAS DAMAGED OR LOSS UPON INMATE'S RELEASE
- \$5.00 REPLACEMENT FEE WAS PAID FOR DAMAGES
- \$5.00 REPLACEMENT FEE WAS PAID FOR LOSS
- \$5.00 REPLACEMENT FEE WAS NOT PAID BY INMATE

OFFICER COMMENTS: _____

Eddie Forman

**LEE COUNTY SHERIFF'S DEPARTMENT
REGULATIONS RECEIPT**

(Form #7)

Date: 3/24/97

Time: 1605

I, Eddie Foreman, have received copy number _____ of the Rules and Regulations governing inmates in the Lee County Jail which I am/am not (mark one out) able to read. I understand that while in this institution I will abide by these Rules and Regulations.

I will return the copy of the Rules and Regulations upon my release from jail. I also understand that I will be responsible for the loss or any damage of the Inmate Rules and Regulations Handbook and will be charged \$2 for its replacement. I also understand that if I fail to pay for the replacement of the lost or damaged handbook I will have additional criminal charges filed against me for destruction of county property.

Years of School 11

X Eddie Foreman
Inmate's Signature

X Eddie Foreman has today received copy number 310 of the Lee County Sheriff's Department Rules and Regulations for Inmates.

Said inmate stated to me that he was able to read the Rules and Regulations.

Said inmate stated that he was not able to read the Rules and Regulations and I explained the orientation rules to him.

Corey D. Welch
Jailer's Signature

Date: 3/24/97 Time: 1605



COUNTY SHERIFF DEPARTMENT

DETENTION DIVISION

PATIENT CONSENT TO PHYSICAL EXAM/TREATMENT

NAME _____ DOB _____ RACE _____ SS# _____

NAME / ADDRESS OF SPOUSE / PARENT _____

ADMISSION DATE _____ TIME _____

1. I hereby authorize the Lee County Sheriff Department, it's contracted employees, agents, physicians, dentists, psychiatrist and/or such assistants as may be selected by him/her to treat the condition(s) which appear indicated by the diagnostic studies already performed.
2. I give my consent to a physical assessment to include, but not limited to, syphilis, HIV and TB skin tests. I understand these tests are performed as required by the facility and will become a part of my personal folder. I also understand that I will be contacted by a health department representative about all problem STD and TB skin test results.
3. Should surgical or diagnostic procedures become necessary, I will be informed of them with regard to alternate modes of treatment, the risks involved, and the nature of the procedure(s) to be done.
4. This in no way constitutes a warranty or guarantee that my present condition will be cured; the Lee County Sheriff Department, it's contracted staff, and employees, will provide the best possible care available, but no assurance of cure is to be assumed.
5. I am signing this willingly and voluntarily in full understanding of the above and in so doing I release the department of corrections, it's directors and officers, it's contracted staff employees, agents, and physicians from any and all liability which may arise from this action, whether or not foreseen at present.
6. I fully understand that I have the right to refuse to sign this medical authorization form and in doing so, no medical services other than emergency life saving procedures will be offered.

Patient signature _____ Date _____

Witness signature _____ Date _____

LEE COUNTY
SHERIFF'S DEPARTMENT

MEDICAL CHARGE ACKNOWLEDGEMENT FORM
INMATE CO-PAYMENT FOR MEDICAL SERVICE RENDERED

POLICY

Sick call is conducted on a scheduled basis by a registered nurse and is available to all inmates. All inmates will be charged a fee for non-emergency treatment. No inmate will be denied medical treatment for any reason.

PROCEDURE

1. Costs for non-emergency treatment will be charged to the inmate as follows:

a) Sick call visit	\$10.00	b) Dental visit	\$10.00
c) Doctor visit	\$10.00	d) Prescriptions	\$03.00
e) Follow-up visit	NO CHARGE		
f) Non-prescription medication	\$0.25 per each pill up to a \$3.00 limit.		
2. At the conclusion of each sick call visit, the nurse will complete a charge slip. The inmate will sign the slip and receive a copy.
3. The remaining medical charge forms are given to the booking officer on duty when sick call is completed.
4. The booking officer submits one(1) copy of the medical charge form to the carry clerk for payment from inmate account.
5. One (1) copy of the medical charge form is placed in the inmate's medical file.
6. Payment for medical treatments will be payable to the Lee County Commission.

I, Eddie Foreman, state that I have read, or have read to me, this form regarding the policies and procedures on inmate co-payments for medical services rendered. I state that I acknowledge and fully understand these policies and procedures.

X Eddie Foreman
Inmate Signature, Date and Time

Corey D. Welsh 3/24/97
Officer's Signature, Date and Time

1605

Name & Number: _____ Date: _____

HEALTH HISTORY FORM CONFIDENTIAL

(Form #9)

HAVE YOU EVER?	YES		NO	DO YOU?	YES		NO		
	YES	NO			YES	NO			
Lived with anyone who had TB			✓	Wear glasses or contact lenses			✓		
Coughed up blood			✓	Have vision in both eyes			✓		
Bled excessively after injury			✓	Wear a brace or back support			✓		
Attempted suicide			✓						
Been tested HIV positive									
HAVE YOU EVER HAD OR HAVE YOU NOW?		YES	NO	DON'T KNOW	HAVE YOU EVER HAD OR HAVE YOU NOW?		YES	NO	DON'T KNOW
AIDS			✓	Night Sweats			✓		
Asthma			✓	Tumors, Cysts, or Growths			✓		
Tuberculosis			✓	Cramps in Your Legs			✓		
Cancer or Tumor			✓	Rupture or Hernia			✓		
Diabetes			✓	Recent Gain or Loss of Weight			✓		
Emphysema			✓	Frequent Indigestion					
Ear, Nose or Throat Trouble			✓	Stomach Trouble or Ulcer			✓		
Hearing loss			✓	Hepatitis or Jaundice			✓		
Chronic or Frequent Colds			✓	Gall Bladder Trouble			✓		
Hay Fever			✓	Hemorrhoids or Rectal Trouble			✓		
Severe Tooth or Gum Trouble			✓	Head Injuries			✓		
Shortness of Breath			✓	Epilepsy or Seizures			✓		
High Blood Pressure			✓	Frequent or Severe Headaches			✓		
Pain or Pressure in Heart			✓	Loss of Memory or Amnesia			✓		
Pounding Heart	Not Sure			Periods of Unconsciousness			✓		
Arthritis or Bursitis			✓	Paralysis, Numbness, Weakness			✓		
Fractures (Broken Bones)			✓	Dizziness, Fainting Spells			✓		
Bone Joint or Other Deformity			✓	Nervous Problem of Any Type			✓		
Painful or Trick Shoulder			✓	Alcoholism			✓		
Foot Trouble			✓	Syphilis, Gonorrhea			✓		
Recurrent Back Trouble			✓	Drug Allegies			✓		
Swollen or Painful Joints			✓	Lumps, Pain, Discharge on Breast			✓		
Kidney Trouble			✓	Change in Menstrual Pattern			✓		
Frequent or Painful Urination			✓	Pregnancy/Abortion, Miscarriage			✓		
Blood in Urine			✓	Treated for Female Disorder			✓		
Recurrent Infections			✓	Thyroid Trouble			✓		
Rheumatic Fever			✓						
YOUR PRESENT DOCTOR'S NAME (Address, Phone)				Have you ever been a patient or received treatment in a hospital? (surgery/injuries); state where, when, why & address					
Have you ever been treated for a mental condition? (If yes, state reason and give details.)				Have you ever taken narcotics? (If yes, state what kind, when you last took it, and if you are in a treatment program) Yes, March 9, 1997 (maine) <i>PC</i>					
Highest level of education (years) 11 (GED)				Additional Remarks: (use reverse side)					
Have you ever been incarcerated in this jail before? (If so, when?) Yes 96									

If you cannot read or do not understand any of the above questions, please notify a member of the jail staff and ask for assistance.

I certify that the above answers are true and correct to the best of my knowledge.

Robert C. Holman
Signature of Inmate

Accepted by _____ Date _____ Time _____
Signature of Tailer

DAILY BOOKING SHEET
LEE COUNTY JAIL
OPELIKA, ALABAMADate 2-29-96

Time _____

Social
Security No. _____I.D. NO. 10899Photo N FP ✓Name FOREMAN EDDIE
(Last) (First)Race B Sex M Age 22 Eyes BRO Hair BLKHt 6'1" Wt 166

DOB _____

NCIC Check

cleared 10899 Amelia

Address _____

Street

Apt.

City

State

Zip

Made PX Yes No Reason CONTACT BONDSEN Both upper arm: S-left handNext of Kin JOAN FOREMANRelationship MOTHER

Address _____

Street

Apt.

City

State

Zip

Phone

CHARGE UNLAWFUL POSSBOND 3,000

CHARGE _____

BOND _____

CHARGE RECEIPT OF controlled

BOND _____

CHARGE _____

BOND _____

CHARGE Substance

BOND _____

CHARGE _____

BOND _____

HOLDS:

AGENCY _____

CHARGE _____

BOND _____

AGENCY _____

CHARGE _____

BOND _____

AGENCY _____

CHARGE _____

BOND _____

1. ARE YOU PRESENTLY IN NEED OF ANY IMMEDIATE MEDICAL ATTENTION YES NO _____a. IF SO, STATE YOUR PROBLEM(S) Need left hand checked2. ARE YOU PRESENTLY TAKING ANY MEDICATION YES NO _____

a. IF SO, WHAT KIND _____

3. ARE YOU PRESENTLY UNDER A DOCTOR'S CARE YES NO DOCTOR'S NAME: _____

a. WHAT TREATMENT ARE YOU RECEIVING _____

4. ARE YOU ALLERGIC TO ANY KIND OF MEDICATION YES NO

a. IF SO, WHAT KIND _____

5. DO YOU HAVE ANY FALSE LIMBS (TEETH, EYES, ETC.) YES NO WHAT: _____6. ARE YOU PRESENTLY RECEIVING ANY PSYCHIATRIC TREATMENT YES NO

a. DOCTOR'S NAME _____ PHONE OR HOSPITAL: _____

7. ARE YOU SUFFERING FROM ANY TYPE OF ILLNESS YES NO

a. WHAT ILLNESS _____

I AUTHORIZE THE LEE COUNTY SHERIFFS DEPT. TO INSPECT ANY INCOMING OR OUTGOING MAIL ADDRESSED TO OR FROM ME
IN ACCORDANCE WITH DMM115.95 pg. 97 U.S. POSTAL SERVICE.YES NO

Signature of Person Arrested

ARRESTING OFFICER(S) Guden, JamesBOOKING OFFICER DB Gray

I HAVE RECEIVED ALL PROPERTIES TAKEN FROM ME BY THE LEE COUNTY SHERIFFS DEPARTMENT.

DATE OF RELEASE 4-3-06

Signature of Person Released

TIME OF RELEASE 1300

Signature of Release Officer

TYPE OF RELEASE Boil BowlALIAS
2/29/96Date of Arrest
2/29/96LEWIS
(MIDDLE)EDDIE
(FIRST)FOREMAN
(LAST)

LEE COUNTY SHERIFF'S DEPARTMENT
INMATE PERSONAL PROPERTY RECEIPT & RELEASE FORM

Receipt

(Form #3)

Name of Inmate: Eddie Foreman					Inmate File #: 10899
Ammunition	Cigarettes	ID Cards	Necklace	Tie-Neck	CURRENCY \$ 26
Bag-Hand	Clothing	Jewelry	Package	Tie-Tack/Clip	CHANGE \$.75
Beer	Coat	Junk	Papers	Tobacco	CHECKS \$
Belt	Comb	Key(s)	Pen-Pencil	Toilet Articles	FOREIGN MONEY \$
Billfold	Drivers License	Knife	Purse - Coin	Tools	TOTAL \$ 26.75
Boots/Shoes	Ear Rings	Liquor	Purse - Lady	Watch	REMARKS:
Books	Flashlight	Lighter	Purse - Man	Weapon	
Boxes	Glasses	Luggage	Radio/TV	Whiskey	
Briefcase	Gloves	Medicine	Razor	Wine	
Camera	Groceries	Money Clip	Ring(s)		
Candy	Groc. in Ref.	Musical Inst.	Suitcase		
Checkbook	Hat - Cap	Nail Clip	Sweater		

Other items of property not classified above: (include storage location if other than below)

2-cassettes

1- watch case

I certify that the above is a correct list of items removed from my possession at the time I was placed in jail.

PRISONER'S SIGNATURE

I hereby acknowledge the receipt of the above arrested individual and his/her itemized property on this 1 day of MARCH, 1996, at 0950 a.m.

SIGNATURE RECEIVING OFFICER

Received all of the above listed property (minus any property previously released as indicated on this receipt) on this 3 day of APRIL, 1967, at 6300 P.m.

PRISONER'S SIGNATURE

Location of Property

35 / 35

***ALL PROPERTY LEFT OVER 30 DAYS AFTER RELEASE WILL BE DISPOSED OF**

Release

LEE COUNTY SHERIFF'S DEPARTMENT
RECEIPT OF RULES AND REGULATIONS
(FORM #7)

I, Eddie Foreman, have received Handbook number 10A of the Lee County Sheriff's Department Rules and Regulations governing inmates. I understand that while in this institution I will abide by these Rules and Regulations.

Upon my release from this institution, I will return the Rules and Regulations Handbook. I also understand that I am responsible for a \$2.00 replacement fee for loss or damages to the Handbook. If I fail to pay the fee, criminal charges will be filed against me for destruction of Lee County property.

- Inmate stated that he/she was able to read the Rules and Regulations.
- Inmate stated that he/she was not able to read the Rules and Regulations and I explained the orientation rules to him/her.

Years of School GED

Eddie L. Foreman
 Inmate Signature, Date & Time

PB Gray
 Officer Signature, Date & Time

RETURN OF RULES AND REGULATIONS
FOR OFFICIAL USE ONLY

Please check statement that applies to released inmate:

- Rules and Regulations Handbook number 10A was returned upon inmate's release
- Rules and Regulations Handbook number _____ was damaged or loss upon inmate's release.
 - \$2.00 replacement fee was paid for damages.
 - \$2.00 replacement fee was paid for loss.
 - \$2.00 replacement fee was not paid by inmate.

Officer Comments: _____

Eddie L. Foreman
 Inmate Signature, Date & Time

PB Gray
 Officer Signature, Date & Time

Date of Arrest 10/23/95

(FIRST) (MIDDLE) (LAST)

Date 10-23-95

Time 3:30 P.M.

DAILY BOOKING SHEET
LEE COUNTY JAIL
OPELIKA, ALABAMA

Social Security No. 116-38-2822

I.D. NO. 10899

Photo Yes FP Yes

Name Foreman, Eddie Lewis Race B Sex M Age 27 Eyes Brown Hair Blk
(Last) (First)

Ht. 5'1 Wt. 166 DOB [REDACTED] NCIC Check Clear (c) 1

Address [REDACTED] Street [REDACTED] Apt. [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED] No phone

Made PX Yes No X Reason NOTIFY Family SMT 1" on left side of cheek

Next of Kin [REDACTED] Relationship Mother

Address [REDACTED] Street [REDACTED] Apt. [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED] No phone

CHARGE [REDACTED] BOND 10,000.00 CHARGE [REDACTED] BOND [REDACTED]
CHARGE [REDACTED] BOND 10,000.00 CHARGE [REDACTED] BOND [REDACTED]
CHARGE [REDACTED] BOND [REDACTED] CHARGE [REDACTED] BOND [REDACTED]HOLDS: AGENCY CHARGE BOND
AGENCY CHARGE BOND
AGENCY CHARGE BOND

1. ARE YOU PRESENTLY IN NEED OF ANY IMMEDIATE MEDICAL ATTENTION YES NO
a. IF SO, STATE YOUR PROBLEM(S) _____

2. ARE YOU PRESENTLY TAKING ANY MEDICATION YES NO
a. IF SO, WHAT KIND _____

3. ARE YOU PRESENTLY UNDER A DOCTOR'S CARE YES NO DOCTOR'S NAME: _____
a. WHAT TREATMENT ARE YOU RECEIVING _____

4. ARE YOU ALLERGIC TO ANY KIND OF MEDICATION YES NO
a. IF SO, WHAT KIND _____

5. DO YOU HAVE ANY FALSE LIMBS (TEETH, EYES, ETC.) YES NO WHAT: _____

6. ARE YOU PRESENTLY RECEIVING ANY PSYCHIATRIC TREATMENT YES NO
a. DOCTOR'S NAME _____ PHONE OR HOSPITAL: _____

7. ARE YOU SUFFERING FROM ANY TYPE OF ILLNESS YES NO
a. WHAT ILLNESS _____

I AUTHORIZE THE LEE COUNTY SHERIFFS DEPT. TO INSPECT ANY INCOMING OR OUTGOING MAIL ADDRESSED TO OR FROM ME IN ACCORDANCE WITH DMM115.95 pg. 97 U.S. POSTAL SERVICE.

YES NO _____

Signature of Person Arrested

ARRESTING OFFICER(S) O.P.D. J. Farrell

BOOKING OFFICER A. Kelly

I HAVE RECEIVED ALL PROPERTIES TAKEN FROM ME BY THE LEE COUNTY SHERIFFS DEPARTMENT.

DATE OF RELEASE 11-20-95

Signature of Person Released

TIME OF RELEASE 5:00 P.M.

Signature of Release Officer

TYPE OF RELEASE Pretrial Bond

Signature of Release Officer

LEE COUNTY SHERIFF'S DEPARTMENT
INMATE PERSONAL PROPERTY RECEIPT AND RELEASE FORM

Receipt

(Form #3)

Name of Inmate: FOREMAN, EDDIE (Lester)		Inmate File #: 102899	
Ammunition	Cigarettes	ID Cards	Necklace
Bag-Hand	Clothing	Jewelry	Package
Beer	Coat	Junk	Papers
Belt	Comb	1 Key(s)	Pen-Pencil
Billfold	Drivers License	Knife	Purse - Coin
Boots/Shoes	2 Ear Rings	Liquor	Purse - Lady
Books	Flashlight	Lighter	Purse - Man
Boxes	Glasses	Luggage	Radio/TV
Briefcase	Gloves	Medicine	Razor
Camera	Groceries	Money Clip	2 Ring(s)
Candy	Groc. in Ref.	Musical Inst.	Suitcase
Checkbook	Hat - Cap	Nail Clip	Sweater

Other items of property not classified above: (include storage location if other than below)

I certify that the above is a correct list of items removed from my possession at the time I was placed in jail.

PRISONER'S SIGNATURE

I hereby acknowledge the receipt of the above arrested individual and his/her itemized property on this 23 day of Oct, 1995, at 1048 A.m.

SIGNATURE RECEIVING OFFICER

Received all of the above listed property (minus any property previously released as indicated on this receipt) on this 25 day of Oct 1984, 1984, at 1500 hrs.

212

PRISONER'S SIGNATURE

Location of Property

***ALL PROPERTY LEFT OVER 30 DAYS AFTER RELEASE WILL BE DISPOSED OF.**

Release

Social
Security No. [REDACTED]

Date 10-15-92 Time 12 33 PM

DAILY BOOKING SHEET
LEE COUNTY JAIL
OPELIKA, ALABAMA

I.D. NO. 10899

Photo NO FP NO

Name FOREMAN EDDIE LEWIS Race B Sex M Age 19 Eyes PRO Hair BLK
(LAST) (FIRST)

Ht. 6-01 Wt. 166 DOB [REDACTED] NCIC Check [REDACTED]

Address [REDACTED] STREET [REDACTED] APT. [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP [REDACTED]

Made PX Yes No Reason [REDACTED] (S) M/T Multi scars on face

Next of Kin Joan Foreman Relationship Mother

Address [REDACTED] STREET [REDACTED] APT. [REDACTED] CITY [REDACTED] STATE AL ZIP [REDACTED] Phone [REDACTED]

CHARGE 3 yrs BOND 0 CHARGE [REDACTED] BOND [REDACTED]
CHARGE B/E 4th revy BOND [REDACTED] CHARGE [REDACTED] BOND [REDACTED]
CHARGE [REDACTED] BOND [REDACTED] CHARGE [REDACTED] BOND [REDACTED]

HOLDS: AGENCY [REDACTED] CHARGE [REDACTED] BOND [REDACTED]
AGENCY [REDACTED] CHARGE [REDACTED] BOND [REDACTED]
AGENCY [REDACTED] CHARGE [REDACTED] BOND [REDACTED]

Date of Arrest 10-15-92 Alias None

1. ARE YOU PRESENTLY IN NEED OF ANY IMMEDIATE MEDICAL ATTENTION YES NO
a. IF SO, STATE YOUR PROBLEM(S) [REDACTED]

2. ARE YOU PRESENTLY TAKING ANY MEDICATION YES NO
a. IF SO, WHAT KIND [REDACTED]

3. ARE YOU PRESENTLY UNDER A DOCTOR'S CARE YES NO DOCTOR'S NAME: [REDACTED]
a. WHAT TREATMENT ARE YOU RECEIVING [REDACTED]

4. ARE YOU ALLERGIC TO ANY KIND OF MEDICATION YES NO
a. IF SO, WHAT KIND [REDACTED]

5. DO YOU HAVE ANY FALSE LIMBS (TEETH, EYES, ETC.) YES NO WHAT: [REDACTED]

6. ARE YOU PRESENTLY RECEIVING ANY PSYCHIATRIC TREATMENT YES NO
a. DOCTOR'S NAME: [REDACTED] PHONE OR HOSPITAL: [REDACTED]

7. ARE YOU SUFFERING FROM ANY TYPE OF ILLNESS YES NO
a. WHAT ILLNESS [REDACTED]

I AUTHORIZE THE LEE COUNTY SHERIFFS DEPT. TO INSPECT ANY INCOMING OR OUTGOING MAIL ADDRESSED TO OR FROM ME IN ACCORDANCE WITH DMM115.95 pgh.97 U.S. POSTAL SERVICE.

YES NO [REDACTED] X Eddie P. Foreman
Signature of Person Arrested

ARRESTING OFFICER(S) From Court
BOOKING OFFICER Deanne Diggs

I HAVE RECEIVED ALL PROPERTIES TAKEN FROM ME BY THE LEE CO. SHERIFFS DEPT.

DATE OF RELEASE 11-16-92
TIME OF RELEASE 0600

X Eddie P. Foreman
Signature of Person Released

ME FOREMAN (LAST) EDDIE (FIRST) LEWIS (MIDDLE)

INMATE PROPERTY ISSUEI.D. # 10899NAME: Foreman, EddieDATE: 10-15-92 TIME 1233 HRS.ITEMS ISSUED TO THE INMATE:

	CONDITION	ISSUED		
	GOOD	FAIR	YES	NO
(1) Mattress #	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Fitted Sheet #	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Reg. Sheet #	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Blanket #	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Pants #	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8) Shirt #	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(9) Towel #	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(10) Wash Cloth #	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTICE TO INMATE: DEFACING, DESTRUCTION, ALTERING, OR LOSS OF THE COUNTY PROPERTY THAT YOU HAVE BEEN ISSUED, WILL RESULT IN DISCIPLINARY AND OR CRIMINAL ACTION BEING TAKEN AGAINST YOU. ALL ISSUED ITEMS WILL BE RETURNED TO JAIL OFFICERS WHEN YOU ARE RELEASED.

I HAVE RECEIVED THE ABOVE LISTED ITEMS FROM THE LEE COUNTY SHERIFF'S DEPARTMENT AND I HAVE READ AND UNDERSTAND THE ABOVE "NOTICE TO THE INMATE" CONCERNING THE ISSUED ITEMS.

Eddie Foreman
INMATE SIGNATURE

THE ABOVE INMATE HAS BEEN ISSUED THE ABOVE LISTED ITEMS AND HAS READ AND UNDERSTANDS THE "NOTICE TO THE INMATE". IF THE INMATE COULD NOT READ, I HAVE READ IT TO HIM/HER AND ANSWERED ANY QUESTIONS THAT THE INMATE MIGHT HAVE.

Duane Diggs
JAILER SIGNATURE

CONDITION OF RETURNED ITEMS:

	GOOD	FAIR	GOOD	FAIR
(1) MATTRESS #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) FITTED SHEET #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) BLANKET #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) PANTS #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) SHEET (REG) #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			(6) CUP #	<input type="checkbox"/>
			(7) SHIRT #	<input type="checkbox"/>
			(8) TOWEL #	<input type="checkbox"/>
			(11) WASH CLOTH #	<input type="checkbox"/>

DATE: _____

TIME: _____ HRS.

ERS SIGNATURE: _____

LAST	FIRST	MIDDLE	RACE:	SEX:	JOB:
Foreman	Eddie	Lewis	B	M	
ON:	CHARGE:		ASSIGNED TO CELL BLOCK		
10-15-92	3 XRS B&E auto				

ALLERGIES: (MAKE SURE YOU PUT IN MEDICAL FOLDER)

None

HAVE YOU EVER BEEN TREATED FOR: (CIRCLE EITHER YES OR NO)

ASTHMA	YES	NO
HEART TROUBLE	YES	NO
HYPERTENSION	YES	NO
DIABETES	YES	NO
EPILEPSY OR SEIZURES	YES	NO
DRUG ADDICTION	YES	NO
ALCOHOLISM	YES	NO
MENTAL ILLNESS	YES	NO
VERNEREAL DISEASE	YES	NO
TUBERCULOSIS	YES	NO
TESTED FOR HIV (AIDS)	YES	NO

IF TESTED WHERE YOU POSITIVE OR NEGATIVE

YES TO ANY OF THE ABOVE QUESTIONS, GIVE DATE AND TREATMENT RECEIVED:

DO YOU HAVE ANY MEDICATIONS, PRESCRIPTIONS, OR CURRENT MEDICAL PROBLEMS THAT NEED ATTENTION?

None

DO THERE ANY EVIDENCE OF RECENT PHYSICAL INJURY SEEN ON INMATE?

No

WERE THESE INJURIES RECEIVED ACCORDING TO INMATE?

DOES INMATE TREATED FOR THESE INJURIES PRIOR TO ADMISSION?

YES OR NO (CIRCLE ONE)

DOES INMATE WAS TREATED FOR THESE INJURIES PRIOR TO ADMISSION WHERE AT AND WHAT TIME?

TIME:

ATTENDING PHYSICIAN

REASON:

TIME

TREATMENT'S AND OBSERVATION

LEE COUNTY SHERIFF'S DEPARTMENT

JAIL DIVISION

ENEMIES LISTDATE: 10-15-92 - TIME: 1233Foreman, Eddie

INMATE'S NAME

10899

I.D. #

(1) HAS STATED THAT THE FOLLOWING INMATE'S WOULD CAUSE HARM TO HIM IF PLACED IN THE SAME CELL.

(2) HAS STATED THAT NO INMATE'S OF THE LEE COUNTY JAIL WOULD CAUSE HIM HARM AFTER BEING SHOWN A COPY OF THE JAIL LIST.

INMATE'S NAME: _____ REASON: _____

Duane Diggs
JAILER'S NAMEEddie Foreman
INMATE'S NAME

LEE COUNTY SHERIFF'S DEPARTMENT

JAIL DIVISION

REGULATIONS RECEIPT

I.D. # 10899

DATE: 10-15-92 TIME: 1233 HRS.

I Eddie Foreman HAVE RECEIVED A COPY OF THE RULES AND REGULATIONS GOVERNING INMATES IN THE LEE COUNTY JAIL. I UNDERSTAND THAT WHILE IN THIS INSTITUTION I WILL ABIDE BY THESE RULES AND REGULATIONS.

I WILL RETURN THE COPY OF THE RULES AND REGULATIONS UPON MY RELEASE FROM JAIL. I ALSO UNDERSTAND THAT I WILL BE RESPONSIBLE FOR THE LOSS OR ANY DAMAGE OF THE INMATE RULES AND REGULATIONS HANDBOOK.

GRADE COMPLETED IN SCHOOL: 11

Eddie Foreman
INMATES SIGNATURE

Date 9/3/92
Time 10:00 PM

DAILY BOOKING SHEET
LEE COUNTY JAIL
OPELIKA, ALABAMA

Social Security No. ██████████I.D. NO. 10899
N0Photo FP Yes

Name Eddie Lewis Race B Sex M Age 18 Eyes Blu Hair Blk
 (LAST) (FIRST) NCIC Check Clear 9/3/92 - 1st
 Ht. 6'01 Wt. 166 DOB ██████████ Ad 3
 Address ██████████ CITY ██████████ STATE ██████████ ZIP ██████████
 Made PX Yes No Reason Bond (S) M/T Multi scars on face
 Next of Kin Jean Foreman Relationship Mother
 Address ██████████ CITY ██████████ STATE ██████████ ZIP ██████████ Phone ██████████
 STREET ██████████ APT ██████████
 CHARGE Unlaw. Poss or Rec'd of Contraband BOND \$3,000.00 CHARGE Resisting Arrest BOND 1,000.00
 CHARGE Receipt of Contraband BOND ██████████ CHARGE ██████████ BOND ██████████
 CHARGE Substance BOND ██████████ CHARGE ██████████ BOND ██████████
 HOLDS: AGENCY ██████████ CHARGE ██████████ BOND ██████████
 AGENCY ██████████ CHARGE ██████████ BOND ██████████
 AGENCY ██████████ CHARGE ██████████ BOND ██████████

1. ARE YOU PRESENTLY IN NEED OF ANY IMMEDIATE MEDICAL ATTENTION YES NO

a. IF SO, STATE YOUR PROBLEM(S) _____

2. ARE YOU PRESENTLY TAKING ANY MEDICATION YES NO

a. IF SO, WHAT KIND _____

3. ARE YOU PRESENTLY UNDER A DOCTOR'S CARE YES NO DOCTOR'S NAME: _____

a. WHAT TREATMENT ARE YOU RECEIVING _____

4. ARE YOU ALLERGIC TO ANY KIND OF MEDICATION YES NO

a. IF SO, WHAT KIND _____

5. DO YOU HAVE ANY FALSE LIMBS (TEETH, EYES, ETC.) YES NO WHAT: _____6. ARE YOU PRESENTLY RECEIVING ANY PSYCHIATRIC TREATMENT YES NO

a. DOCTOR'S NAME: _____

PHONE OR HOSPITAL: _____

7. ARE YOU SUFFERING FROM ANY TYPE OF ILLNESS YES NO

a. WHAT ILLNESS _____

I AUTHORIZE THE LEE COUNTY SHERIFFS DEPT. TO INSPECT ANY INCOMING OR OUTGOING MAIL ADDRESSED TO OR FROM
ME IN ACCORDANCE WITH DMM115.95 pg. 97 U.S. POSTAL SERVICE.

YES NO _____Eddie Lewis

Signature of Person Arrested

ARRESTING OFFICER(S) Rich Baditt, James Powell, DPDBOOKING OFFICER B. Seabrook

I HAVE RECEIVED ALL PROPERTIES TAKEN FROM ME BY THE LEE CO. SHERIFFS DEPT.

DATE OF RELEASE 9/3/92TIME OF RELEASE 7:130Eddie Lewis

Signature of Person Released

ADMISSION DATA-JAIL INMATE'S MEDICAL RECORD

INSTITUTION FILE # 10899

LAST	FIRST	MIDDLE	RACE:	SEX:	DATE:
Foreman,	Eddie	Lewis	B	M	[REDACTED]
9/3/92	unlaw Pass / Receipt cont sub			ASSIGNED TO CELL BLOCK:	
INMATE (MAKE SURE YOU PUT IN MEDICAL FOLDER)					

HAVE YOU EVER BEEN TREATED FOR: (CIRCLE EITHER YES OR NO)

ASTHMA

YES	NO

ARTHRITIS

BLOOD PRESSURE

COLD

COPD OR SEIZURES

DIABETES

DROWNING

EPILEPSY

HEREDITARY DISEASE

HYPERTENSION

INFECTED WOUNDS

INFECTION

INFLUENZA

LIVER DISEASE

MIGRAINE

PNEUMONIA

TESTED FOR HIV (AIDS)

TESTED FOR TB

TESTED FOR VD

TESTED FOR WORMS

COUNTY SHERIFF'S DEPARTMENT
JAIL DIVISIONINMATE PROPERTY ISSUEINMATE ID # 10899Goeman, EddieDATE: 9/2/92 TIME 10:00 AM

ITEMS ISSUED TO THE INMATE:

		CONDITION		(11) Toothpaste	(12) Toothbrush	ISSUED	
		GOOD	FAIR			YES	NO
(1) Mattress #		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3) Fitted Sheet #		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4) Reg. Sheet #		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5) Blanket #		<input checked="" type="checkbox"/>	<input type="checkbox"/>				
(7) Pants #		<input checked="" type="checkbox"/>	<input type="checkbox"/>				
(8) Shirt #		<input checked="" type="checkbox"/>	<input type="checkbox"/>				
(9) Towel #		<input checked="" type="checkbox"/>	<input type="checkbox"/>				
(10) Wash Cloth #		<input checked="" type="checkbox"/>	<input type="checkbox"/>				

NOTICE TO INMATE: DEFACING, DESTRUCTION, ALTERING, OR LOSS OF THE COUNTY PROPERTY THAT YOU HAVE BEEN ISSUED, WILL RESULT IN DISCIPLINARY AND OR CRIMINAL ACTION BEING TAKEN AGAINST YOU. ALL ISSUED ITEMS WILL BE RETURNED TO JAIL OFFICERS WHEN YOU ARE RELEASED.

I HAVE RECEIVED THE ABOVE LISTED ITEMS FROM THE LEE COUNTY SHERIFF'S DEPARTMENT AND I HAVE READ AND UNDERSTAND THE ABOVE "NOTICE TO THE INMATE" CONCERNING THE ISSUED ITEMS.

Eddie Goeman

INMATE SIGNATURE

THE ABOVE INMATE HAS BEEN ISSUED THE ABOVE LISTED ITEMS AND HAS READ AND UNDERSTANDS THE "NOTICE TO THE INMATE". IF THE INMATE COULD NOT READ, I HAVE READ IT TO HIM/HER AND ANSWERED ANY QUESTIONS THAT THE INMATE MIGHT HAVE.

B. Seelock

COUNSELOR SIGNATURE

ACTION ON RETURNED ITEMS:

		GOOD	FAIR		GOOD	FAIR
(1) MATTRESS	#	<input type="checkbox"/>	<input type="checkbox"/>	(6) CUP	#	<input type="checkbox"/>
(2) FITTED SHEET	#	<input type="checkbox"/>	<input type="checkbox"/>	(7) SHIRT	#	<input type="checkbox"/>
(3) BLANKET	#	<input type="checkbox"/>	<input type="checkbox"/>	(8) TOWEL	#	<input type="checkbox"/>
(4) PANTS	#	<input type="checkbox"/>	<input type="checkbox"/>			
(5) SHEET (REG)	#	<input type="checkbox"/>	<input type="checkbox"/>	(11) WASH CLOTH	#	<input type="checkbox"/>

LEE COUNTY SHERIFF'S DEPARTMENT

JAIL DIVISION

ENEMIES LIST

DATE: 9/3/92 TIME: 10:00 AM
Eddie Foreman I.D. # 10899
INMATES NAME

(1) HAS STATED THAT THE FOLLOWING INMATES WOULD CAUSE HARM TO HIM IF PLACED IN THE SAME CELL.

(2) HAS STATED THAT NO INMATES OF THE LEE COUNTY JAIL WOULD CAUSE HIM HARM AFTER BEING SHOWN A COPY OF THE JAIL LIST.

INMATE'S NAME: _____ REASON: _____

B. Leibrock Eddie Foreman
JAILER'S NAME INMATE'S SIGNATURE